

Exhibit 6

Employee Maintenance

Last Name **SEVERIN** First Name **NATASHA** Title
 Emp # **081503** Emp SS# Status **Terminated** Loc **001**

Personal and Demographic

Address 1 **1201 OCEAN PKWY**
 Address 2 **APT # 5-G**
 City **BROOKLYN** NY **11230-** Zip

County/Borough

Birth Date **6/4/1952**

Sex **F**

Race **White not Hispanic**

Maiden Name **VOROTNYAK**

Work Related Information

Hire Date **1/29/05** Term Date **12/8/10** Rehire Date **7/27/05**
 First Day Worked **1/29/05** Last Raise Date

Classification **PCA** Supervisor? ☐
 Coordinator **53508** Team
 Transpt Pickup ☐
 District

Telephone Numbers

#1 (646) 541-6028 Ext. Type **CELLULAR**
 #2 Ext. Type
 #3 Ext. Type

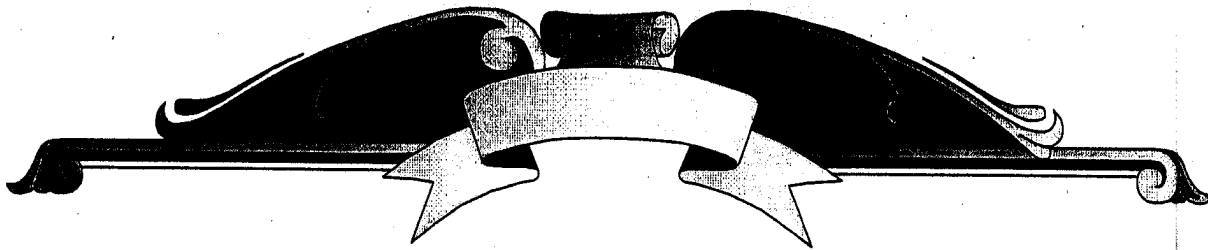
Email Address

In Case Of Emergency Contact **JUDITH GOLDSMITH**

Emergency Telephone Number **(516) 374-6899**

Switch To:

Availability
 Schedule
 Skills
 Exclusions
 History
 Notes
 Payroll Info
 Status Change
 Contracts
 Compliance
 Training
 Supervisory
 Mailing Address



PROJECT OHR, INC.

I affirm by my signature below that on

5 / 26 / 2010
DATE

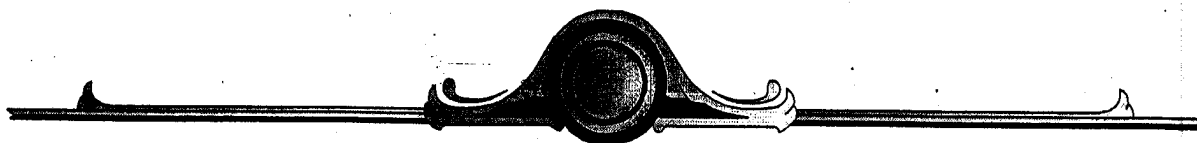
*I attended a three hour in-service training
session on the topic listed below:*

PART II

Standard Precautions ~Proper hand washing technique.
Exposure Control and Hepatitis B Vaccination Information.
Safety in the Home and in the Community.
Monitoring for Elder Abuse and Neglect.
Reviewing the Plan of Care
Distribution of Personal Protective Equipment.

Natasha Severin
Home Attendant Name (Print)

R. Severin
Signature



Evaluation: Part IIHome Attendant's Name Natasha Severin Date 5/26/10Evaluator's Signature V. Maloney, RN Score 100%

TRUE/FALSE: Read each of the following statements. Circle the letter **T** if the statement is true. Circle the letter **F** if the letter is false.

1) Home attendants must wash their hands before and after caring for a client.	<input checked="" type="radio"/> T	<input type="radio"/> F
2) Handwashing and wearing gloves are the most important ways to prevent the spread of infection.	<input checked="" type="radio"/> T	<input type="radio"/> F
3) Human blood can carry dangerous viruses such as hepatitis B, hepatitis C, and HIV	<input checked="" type="radio"/> T	<input type="radio"/> F
4) Home attendants must always immediately report a needle stick to Project OHR.	<input checked="" type="radio"/> T	<input type="radio"/> F
5) Hepatitis B virus is spread by contact with the blood or body fluids of an infected person.	<input checked="" type="radio"/> T	<input type="radio"/> F
6) Home attendants should observe the client's home for a smoke detector/ carbon monoxide detector and a fire escape.	<input checked="" type="radio"/> T	<input type="radio"/> F
7) Home Attendants never have to call the agency to report a client's fall.	<input type="radio"/> T	<input checked="" type="radio"/> F
8) When caring for an elderly client, the home attendant should observe for signs of abuse or neglect.	<input checked="" type="radio"/> T	<input type="radio"/> F
9) If the home attendant suspects elder abuse, it should be reported immediately to Project OHR.	<input checked="" type="radio"/> T	<input type="radio"/> F
10) Dehydration, bed sores and poor hygiene are examples of neglect.	<input checked="" type="radio"/> T	<input type="radio"/> F
11) The home attendant is responsible for reviewing and following the client's Plan of Care.	<input checked="" type="radio"/> T	<input type="radio"/> F
12) Home attendants should check the client's skin regularly.	<input checked="" type="radio"/> T	<input type="radio"/> F
13) Client's diagnoses are not indicated on the Plan of Care because it is confidential information.	<input checked="" type="radio"/> T	<input type="radio"/> F
14) The Plan of Care does not reflect client's needs for assistance with ambulation and transferring.	<input type="radio"/> T	<input checked="" type="radio"/> F

PROJECT OHR INC.**EMPLOYEE EVALUATION**ATTENDANT NAME: Natasha Severin
first lastCLIENT I.D. NUMBER: Repl.SCHEDULE: hrs/day X days/week START DATE WITH CLIENT: month yearSKILL LEVEL REQUIRED FOR ASSIGNED CLIENT: HIGH MOD. LOW

	EXC	VERY GOOD	GOOD	FAIR	POOR
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ATTENDANCE/PUNCTUALITY					
COMPLETES TASKS IN APPROPRIATE TIME FRAMES					
PERSONAL APPEARANCE					
NOTIFIES AGENCY OF ANY CLIENT CHANGES, INJURIES OR PROBLEMS					
ATTITUDE/COOPERATION					
CAPACITY TO ACCEPT & FOLLOW DIRECTION AND SUPERVISION					
DEPENDABILITY/RELIABILITY					
CAN TAKE NECESSARY ACTIONS WHEN SITUATION WARRANTS					
QUALITY OF WORK/COMPETENCE IN CLIENT CARE					
JOB KNOWLEDGE/SKILL LEVEL					
CONSIDERATION OF CLIENT NEEDS					
RELATIONSHIP WITH CLIENT & FAMILY					

OVERALL ATTENDANT EVALUATION: 1 2 3 4 5 6 7 8 9 10
LOW HIGH

PERSONNEL SPECIALIST COMMENTS:

ATTENDANT COMMENTS:

I HAVE REVIEWED THIS EVALUATION AND RECEIVED A COPY.

PERSONNEL SPECIALIST SIGNATURE DATE

HOME ATTENDANT SIGNATURE

DATE

PROJECT OHR, INC.

30 MAIDEN LANE, 10TH FLOOR — NEW YORK, N.Y. 10038 — PHONE (718) 853-2700

HOME ATTENDANT SERVICES

PROJECT OHR, INC.

SLEEP-IN-AGREEMENT

I, Natasha Severin, agree to work as a weekend
Home Attendant Name (Print)

sleep-in attendant for a minimum period of six months. I understand
that my offer of employment with Project OHR is dependent on my
availability to work weekend sleep-in assignments.

Failure to comply will result in my termination from Project OHR.

N. Severin

Home Attendant Signature

11, 17, 09
Date

Mary David

Agency Representative Signature

11, 17, 04
Date

PROJECT OHR, Inc.
80 MAIDEN LANE 10th FL, NEW YORK, N.Y. 10038
212-497-5053

HOME ATTENDANT SERVICES

ACCEPTANCE OF TEMPORARY ASSIGNMENTS

By my signature below, I hereby agree to accept temporary/replacement assignments until I am given a permanent assignment with Project OHR.

I understand that failure to accept temporary work on three (3) separate occasions will result in termination of my employment with Project OHR.

Моей подписью я подтверждаю, что буду временно работать на замену, пока не получу постоянную работу в Project OHR.
Я понимаю, что отказ от временной работы предложенной мне в трех отдельных случаях приведет к увольнению с работы.

R Severin
Home Attendant Signature

11. 17. 04
Date

Mary David
Agency Representative

11-17-04
Date


PROJECT OHR, INC.

ORIENTATION CHECKLIST

EMPLOYEE NAME : Natasha Severin
 POSITION : PCA
 DATE OF ORIENTATION : 1 / 19 / 2005

	<u>TOPIC</u>	<u>EMPLOYEE INITIALS</u>
1)	JOB DESCRIPTION	<u>NS</u>
2)	PHOTO ID	<u>NS</u>
3)	EMERGENCY DISASTER PREPAREDNESS POLICY	<u>NS</u>
4)	PATIENT BILL OF RIGHTS AND PATIENT CONFIDENTIALITY	<u>NS</u>
5)	EMPLOYEE PERSONNEL POLICIES AND PRACTICES	<u>NS</u>
6)	HIV CONFIDENTIALITY	<u>NS</u>
7)	ADVANCE DIRECTIVES	<u>NS</u>
8)	INFECTION CONTROL/ UNIVERSAL PRECAUTIONS	<u>NS</u>
9)	PLAN OF CARE	<u>NS</u>
10)	GRIEVANCE PROCEDURES	<u>NS</u>

BY MY INITIALS ABOVE AND MY SIGNATURE BELOW, I AFFIRM THAT I HAVE RECEIVED A COMPREHENSIVE EMPLOYEE ORIENTATION WHICH INCLUDED ALL OF THE TOPICS LISTED ABOVE. I UNDERSTAND THAT IT IS MY RESPONSIBILITY AS A PROJECT OHR EMPLOYEE TO BE KNOWLEDGEABLE OF AND ABIDE BY ALL THE RULES AND REGULATIONS GOVERNING MY EMPLOYMENT.

EMPLOYEE SIGNATURE:  Severin DATE: 1 / 19 / 2005
 REVIEWED BY: N. Belous DATE: 01 / 19 / 05